								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO									REF				
Effective October 1, 2003									10059586				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL TYPE	ENTITY	·OR	OTHER SMALL		
TO	TAL CLAIMS						ſ	RATE	FEE	7	RATE	-555 ₋	
FOR			NUMBER FILED		NUMBER EXTRA		ſ	BASIC F	EE 385.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			18 minus 20=					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2: minus 3 =				ı	X43=		-	Vec		
MU	ILTIPLE DEPE	NDENT CLAIM P	RESENT						1	OR			
• #	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	L	+145=		OR	L		
								TOTAL	·	JOR	TOTAL	790	
CLAIMS AS AMENDED - PART II 1スー(Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS . REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus _	# 2	20	- 6		X\$ 9=		OR	X\$18=		
	Independent	. 2	Minus	dito	ろ	• 0	·	X43=	1	OR	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		ŀ	+145=		1	+290=		
							L	TOTA		OR	TOTAL	-	
		(Column 1)		(Colum	Ol	(Column 3)	Ą	DDIT. FE	E	JOR	ADDIT. FEE		
		CLAIMS	1	HIGHE		(Column 3)	Г		ADDI-	i		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL	
	Total	•	Minus	**		•		X\$ 9=		ОЯ	X\$18=		
	Independent	NTATION OF ML	Minus	FARDEAU.	C1 A134			X43=	•	OR	X86=		
	FIRST PRESC	NIATION OF MIL	CTIPLE DEF	ENDENT	CÇAIM	لـلــا		+145=		ОЯ	+290=	·	
								TOTAL		OR	TOTAL ADDIT, FEE		
•_		(Column 1)		(Colum	n 2)	(Column 3)	~1	T CI	,	•			
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		•	Γ	X\$ 9=		OR-	X\$18=		
	Independent	•	Minus	na b		=	卜	X43=			X86=		
<u>~[</u>	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		+		 	OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+290=			
	the "Highest Nur	mber Previously Pai mber Previously Pa	d For in THE id For in THE	S SPACE IS	less that	20, enter "20."	-	TOTAL DIT. FEE	<u> </u>		TOTAL LODIT. FEE		
•	ing Light Seat Mills	ber Previously Paid	ाण (।ध्यक्त	nmahaung.	n 1 ខ. ល ូ	ngnesi number	HOUNC	ता काठ छी	hbiothuare po	x on con	unn 1.	J	